



Dual Appointment Agreement Full Time Equivalent Dual Appointment

Dual Appointment # _____

Section A – Dual Appointment Coordinator Information

Requesting Institution _____

Contact Name _____ Phone _____

Title _____ Email _____

Home Institution _____

Contact Name _____ Phone _____

Title _____ Email _____

Section B – Requesting Institution Commitment Expectations

Employee Name _____ Employee ID _____

Institution Name _____ Request Date _____

Requested Dates of Service _____

New Background Check Needed for Position? Yes No

Need for and description of services to be performed
Justification for obtaining services from another USG employee in lieu of obtaining such services from a person not presently employed by Institution.

Requested Obligations

Institution	Credit Hours	Contact Hours	Standard Hours**	Begin Term Date	End Term Date	FLSA Status (N /E)**

**Fields required for Staff positions. If Employee's duties are instructional, all columns are required.

Is the compensation pensionable?

Yes* No

**Refer to the Supplemental Pay policies for Faculty and Staff.*



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Section C – Home Institution Commitment

Employee Name _____ Employee ID _____

Institution Name _____ Employee's Direct Supervisor _____

Title _____ Department _____

Employee Category/Status (Refer to HRAP: Classification, Compensation and Payroll)

- Staff Faculty Tenure Type _____ Rank _____
- Student Rehired Retiree
- Regular Temporary
- Exempt Non-exempt
- Full-Time Part Time

Current Obligations

Institution	Credit Hours	Contact Hours	Standard Hours **	Begin Term Date	End Term Date	FLSA Status (N/E) **

**Fields required for Staff positions. If Employee's duties are instructional, all columns are required.

After review of the combined obligations, do the Requesting Institution obligations result in a change to the employee's FLSA status?

- Yes No New FLSA Status: Exempt Non-exempt*

* Earned overtime will be paid at the rate assigned to the position that incurs the overtime.

After review of the combined obligations, is the employee eligible for benefits?

- Yes No Full Benefits Eligible Partially Benefits Eligible



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Section D – Payment and Invoicing Details

Compensation Details

	Amount	Combo Code	Institution Responsible HI OR RI
Fee for Service**			
FICA – 6.2%			
FICA (Med) – 1.45%			
Health & Welfare Benefits			
Retirement			
Background Check			
Other			
Estimated Reimbursable Expense (travel, parking, etc.)			
Total			

** If employee is non-exempt, please provide the hourly rate and expected number of hours below. Fee for Service Amount above represents estimate of maximum number of hours expected to work.

Describe additional responsibilities of each institution for supporting the work of the employee (e.g. professional travel, library privileges, professional development, equipment needs, etc.)

➔ Home Institution Invoice and Payment Details

The Home Institution will invoice the Requesting Institution:

- One Time (End of Service)
 Quarterly
 Monthly
 Other (specify) _____

The Home Institution will pay the Employee:

- Monthly
 Biweekly



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Section E – Signatures REQUIRED

Dual Appointment Coordinator (DAC) Signatures

The signature below certifies that the dual appointment coordinators at both institutions have reviewed the completed agreement and have addressed implications of the combined obligations.

1. _____
DAC Req Inst. Signature Date Printed Name Email

2. _____
DAC Home Inst. Signature Date Printed Name Email

Employee Signature

The signature below certifies that the employee agrees to the dual appointment engagement as defined in this agreement.

3. _____
Employee Signature Date Printed Name Email

Home Institution Signatures

The signatures below certify that the requested employee is available to perform the described services and that the performance of these services will not detract from nor have a detrimental effect on the performance of the person’s employment at the Home Institution. They also affirm the invoice, payment and compensation details as outlined.

4. _____
Employee’s Direct Supervisor Date Printed Name Email

5. _____
Dean/Administrative Dept. Head Date Printed Name Email

6. _____
VP Academic Affairs (if EE is faculty @ HI) Date Printed Name Email

7. _____
Chief Business Officer Date Printed Name Email



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Requesting Institution Signatures

The signatures below certify that the Requesting Institution agrees to pay the compensation details total as outlined above to the Home Institution. The signatures also affirm that the Requesting Institution is responsible for notifying the Home Institution of any changes to the compensation details or requested obligations.

8.	_____	_____	_____	_____
	Dean/Administrative Dept. Head	Date	Printed Name	Email
9.	_____	_____	_____	_____
	VP Academic Affairs (if EE is faculty @ HI)	Date	Printed Name	Email
10.	_____	_____	_____	_____
	Chief Business Officer	Date	Printed Name	Email

Section E – OPTIONAL

Additional Approval Signatures (as required by Institutions, e.g. CBO, Accounting Office)

_____	_____	_____
Institution	Name	Title
_____	_____	_____
Signature	Date	Email
_____	_____	_____
Institution	Name	Title
_____	_____	_____
Signature	Date	Email
_____	_____	_____
Institution	Name	Title
_____	_____	_____
Signature	Date	Email



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Appendix B – Dual Appointment Delayed Agreement Execution Justification

Dual Appointment #: _____

Provide a written justification for the late notice Agreement Execution

Appendix C – Dual Appointment Agreement Addendum

Dual Appointment #: _____

Outline changes to Dual Appointment Agreement

(Any changes that affect compensation details or employee obligations require a new agreement to be executed and routed through the approval workflow)

Dual Appointment Coordinator Signatures

_____	_____	_____
RI DAC Signature	Date	Printed Name
_____	_____	_____
HI DAC Signature	Date	Printed Name